

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9109	2 Fiscal Year Covered From -- 1 / 1 / 2004 Through 12 / 31 / 2004 --
3 Name and address of person filing Name Maria A Alvarado P O Box Bldg. Room No if any Street 745 East Miner Avenue City Stockton State California ZIP Code + 4 95202	4 Name file number and address of labor organization Name Teamsters Local 601 Labor Organization File Number 039-153 P O Box Building and Room Number if any Street 745 East Miner Avenue City Stockton State California ZIP Code + 4 95202
5 Position in labor organization Business Agent	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed *Maria Alvarado*

On **8/11/2005**
Date

(209) 522 9006
Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)Name **Teamsters Life**

Trade Name, if any

P O Box Bldg Room No, if any

Street **160 Airway Boulevard**City **Livermore**State **California** ZIP Code + 4 **94551-2479****9** Business deals with

- ☒ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked, give trust or employer's name

Name

Trade Name, if any

P O Box Bldg Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Teamsters Life provides life insurance to employees of Teamsters Local 601. The amount in item 11b represents the premiums paid to Teamsters Life during the year ended December 31, 2004.

11 b Approximate dollar value of such dealing.**\$597****12 a** Nature of interest held or income received

Teamsters Life sponsored a reception for attendees of the Teamsters Cannery Council seminar held on October 18, 2004 in Reno.

12 b Amount**\$38**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box Bldg Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Vision Service Plan

Trade Name if any VSP

P O Box Bldg Room No if any

Street 3333 Quality Drive

City Rancho Cordova

State California ZIP Code + 4

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b. or 9 c. is checked give trust or employer's name

Name Joint Benefit Trust

Trade Name, if any

P O Box Bldg Room No if any P O Box 2479

Street 160 Airway Boulevard

City Livermore

State California ZIP Code + 4 94551-2479

11 a Nature of such dealing

Vision Service Plan (VSP) provides vision claims administration to the Joint Benefit Trust Fund. The amount in item 11b are the fees paid to VSP during the plan year ended May 31 2004

11 b Approximate dollar value of such dealing

\$57 655

12 a Nature of interest held or income received

VSP provided half of the cost of food and beverages for a banquet hosted subsequent to the Cannery Council seminar held on October 19 2004 in Reno

12 b Amount.

\$19